NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx



DLN: 93493229015079

OMB No 1545-0047

Open to Public

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

Inter Servi		venue								
		2008 ca	lendar yea	r, or tax year beginning 01-01-2008	and ending 12-31-200	8				
B Che	eck ıf a	pplicable	Please	C Name of organization NATIONAL ASSOCIATION TO PROTECT			D Employer i	dentification number		
✓ Add	dress ch	ange	use IRS label or	CHILDREN INC Doing Business As			11-36665 E Telephone			
Nar	me cha	nge	print or type. See	boiling business As						
Init	ıal retu	rn	Specific Instruc-	Number and street (or P O box if mail is	not delivered to street addre	ss) Room/suite	(865) 525	i pts \$ 476,705		
Ter	mınatıo	n	tions.	PO BOX 27599			d dioss lece	pts \$ 470,703		
_ Am	ended	return		City or town, state or country, and ZIP +	4					
— App	olication	pending		KNOXVILLE, TN 37927						
			F Nan	ne and address of Principal Officer		H(a) Is this	a group retu	rn for		
						affiliate		⊤Yes ∀ No		
						H(b) Are all a	offiliates inclu	ded?		
I Ta:	x-exem	pt status	▽ 501(c)) (4) ◀ (Insert no)	527	` '		st See instructions)		
ı w	eb sit	e: ► WW	W PROTEC	CT ORG		1	Exemption N	·		
К Тур	e of org	janization	Corporat	ion trust association other 🕨		L Year of Form	ation	M State of legal domicile		
Pa	rt I	Sumi	mary							
	1	Briefly	lescribe th	e organization's mission or most sigi	nificant activities					
		A NATI	ONALPRO	O-CHILD, ANTI-CRIME MEMBERSH	IIP ASSOCIATION FO	UNDED TO PR	отест сні	LDREN FROM ABUSE.		
2				AND NEGLECT				,		
Ě										
Ë										
Governance	2	Check t	his box	if the organization discontinued its o	perations or disposed o	f more than 25°	% of its asse	ets		
	3		,	nembers of the governing body (Part				8		
20 47	4		-	ndent voting members of the governir				8		
₿	-			nployees (Part V, line 2a)		,	5			
Activities &				plunteers (estimate if necessary) .			6	20		
ď				ted business revenue from Part VIII		7a				
				iness taxable income from Form 990	-	7b				
					,	Prior	Year	Current Year		
	8	Contri	butions and	d grants (Part VIII, line 1h)		188,481	388,310			
활	9			revenue (Part VIII, line 2g)		31,345	66,960			
Revenue	10	_		me (Part VIII, column (A), lines 3, 4,		,	0			
걆	11			art VIII, column (A), lines 5, 6d, 8c,		48,779	21,435			
	12	Totalr	evenue—a	dd lines 8 through 11 (must equal Pa	art VIII, column (A), lin	e	·			
		12)					268,605	476,705		
	13			ar amounts paid (Part IX, column (A)				0		
	14		•	or for members (Part IX, column (A),	,	_		0		
88	15	Salarıe 10)	es, other co	ompensation, employee benefits (Par	t IX, column (A), lines 5	5 –	149,832	200,329		
Expenses	16a	•	sional fund	raising fees (Part IX, column (A), lin	e 11e)			0		
÷	ь			penses, Part IX, column (D), line 25 25,291	,					
ш	17	,		(Part IX, column (A), lines 11a-11d,	/ 11f=24f)		105,031	169,838		
	18			-add lines 13–17 (must equal Part I)			254,863	370,167		
	19			penses Subtract line 18 from line 12			13,742	106,538		
ያ ው						Beginning	•	End of Year		
Net Assets or Fund Balances	20	Totala	assete (Da.	rt X, line 16)	3	25,167	126,312			
35 E						· · · · · · · · · · · · · · · · · · ·	,			
골품	21		•	Part X, line 26)			11,801	6,408		
	22			d balances Subtract line 21 from lin	e 20		13,366	119,904		
Pal	rt II		ature Blo		hum makiding assamananiina	ashadulas and sta	tomoute and t	a the heat of my knowledge		
				erjury, I declare that I have examined this re- correct, and complete Declaration of prepare						
Plea		****	**			2009-08	3-14			
Sign		Signa	ature of office	er		Date				
Here	е		IER WEEKS F							
		Туре	or print nam	ne and title						
		Pror	parer's L		Date 2000 00 17	Check If	Preparer's PT	IN (See Gen Inst)		
Paid	d		ature C	RYSTAL Z GOLDSMITH CPA	2009-08-17	self- empolyed •				
Pre	pare		<u>, </u>			emporyeu r				
Use	_	Firm	n's name (or elf-employed)							
Only	y		ress, and ZIP				EIN Þ			
				32 ORANGE ST						
							Phone no 🕨	(828) 281-3161		
				ASHEVILLE, NC 288012914						

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's miss ADVOCATING FOR LEGISLATION AND F		ND EXPLOITATION		
2	Did the organization undertake the prior Form 990 or 990-EZ	e any significant program servi	ces during the year whicl	n were not listed on	'es ✓ No
	If "Yes," describe these new s	ervices on Schedule O			
3	Did the organization cease conservices?		nanges in how it conducts	any program	∕es 🔽 No
_	If "Yes," describe these chang				
4	Section 501(c)(3) and (4) org	achievements for each of the o anizations and 4947(a)(1) trus d revenue, if any, for each prog	ts are required to report		
4a		penses \$ 296,022 in D FUNDING TO COMBAT CHILD ABUSE	cluding grants of \$ EAND EXPLOITATION) (Revenue \$)
4b	(Code) (Ex	penses \$ Inc	luding grants of \$) (Revenue \$)
4c	(Code) (Ex	penses \$ Inc	luding grants of \$) (Revenue \$)
4d	Other program services (De (Expenses \$	scribe in Schedule O) including grants of \$) (Revenue \$)
4e	Total program service expen	ses \$ 296,022	Must equal Part IX, Line 2	25, column (B).	

art IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		N o
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νo
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2° If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal				
	of U.S. Information Returns. Enter -0- if not applicable				
	<u></u>	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to	vendors and reportable			
	gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a 5			
b	If at least one is reported in 2a, did the organization file all required federal employme Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this r		2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?	•	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sched	ule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a sign				
	over, a financial account in a foreign country (such as a bank account, securities account)?		4a		No
b	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report Financial Accounts.	ort of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited ta	x shelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt E	Entity Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that were not tax deductible?	•	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization provide goods or services in exchange for any quid pro quo contri more?	bution of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services pro	vided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property	 			
_	file Form 8282?	•	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay p benefit contract?	remiums on a personal	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	al benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 88	99 as required?	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file	•			
	required?		7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and supporting organizations. Did the supporting organization, or a fund maintained by a speckcess business holdings at any time during the		8		
	year?	L I			 I
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?	•	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
а	· · · · · · · · · · · · · · · · · · ·	.0a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	.0b			
11	Section 501(c)(12) organizations Enter				
	Gross income from members or shareholders	.1a			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in li	eu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	.2Ь			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management
--

					Yes	No		
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,					
1a	Enter the number of voting members of the governing body	1a	8	3				
b	Enter the number of voting members that are independent	1b	8	3				
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		• • •	2		No		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its organizational documents stilled? $\ \ .$	4		No				
5	Did the organization become aware during the year of a material diversion of the organization	5	Yes					
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect governing body?	7a		No				
b	Are any decisions of the governing body subject to approval by members, stockhold	7b		No				
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the					
а	the governing body?			8a	Yes			
b	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νo		
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the		3	10	Yes			
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section Athe organization's mailing address? If "Yes," provide the names and addresses in Sc	,		11		No		

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, SC, TN, UT, VA, WA, WI, WV
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. I another's website.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization GRIER WEEKS

32 ORANGE STREET ASHEVILLE, NC 28801 (865) 525-0901

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

,	·	Posit	(C) chec	k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
DAVID E WEST	1	Х		Х				0	0	0
ALISON ARNGRIM	1	Х		Х				0	0	0
ANA MICKA	2	Х		Х				0	0	0
JOEL DVOSKIN	2	Х						0	0	0
ERIN RUNNION	1	X						0	0	0
WILL STONE	1	X						0	0	0
STEPHEN WALKER	2	Х						0	0	0
DAVID KEITH	5	Х						0	0	0
L GRIER WEEKS	1			Χ				0	0	0

Part VII Continued

			tion that a			all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustae or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							\vdash			
1b Total	<u> </u>						•			

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule I for such individual	3		Νo
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		Νo
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received more than s	\$100,000 in compensation	

Part Statement of Revenue VIII

			(A) Total Revenue	(B) Related or Exempt Function	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	4	Endounted commissions		Revenue		512, 513, or 514
22	1a	Federated campaigns 1a				
Contributions, gifts, grants and other similar amounts	Ь	Membership dues				
ದ್	с	Fundraising events				
£ ≝ ⊭	d	Related organizations				
%.E	e	Government grants (contributions) 1e				
들등	f	All other contributions, gifts, grants, and 388,310				
至至	•	sımılar amounts not included above				
= 5 = 7	g	Noncash contributions included in				
Ç.≅		lines 1a-1f \$				
_	h	Total (Add lines 1a-1f)	388,310			
		Business Code				
Ę	2a	MEMBERSHIP DUES	66,960	66,960		
es Se	b					
ě.	С					
ž	d					
À	e					
ᄪ	f	All other program service revenue				
Program Service Revenue		Total. Add lines 2a-2f				
	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest				
		other sımılar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross Rents (1) Kear (11) Fersonal				
	ь	Less rental				
	c	expenses Rental income				
		or (loss)				
	d	Net rental income or (loss)				
		(I) Securities (II) O ther				
	7a	Gross amount from sales of				
		assets other than inventory				
	ь	Less cost or other basis and				
		sales expenses				
	C	Gain or (loss)				
	d	Net gain or (loss)				
	8a	Gross income from fundraising events (not including				
o		\$ of contributions reported on line				
듄		1c) See Part IV, line 18 Attach Schedule G if total exceeds				
<u>\$</u>		\$15,000 a				
Other Revenue	ь	Less direct expensesb				
Ě	С	Net income or (loss) from fundraising events				
0	9a	Gross income from gaming				
		activities See part IV, line 19 Complete Schedule G if total				
		exceeds \$15,000				
		a				
	ь	Less direct expensesb				
	С	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less				
		returns and allowances .				
	ь	less cost of goods sold				
	C	Net income or (loss) from sales of inventory				
	<u> </u>	Miscellaneous Revenue Business Code				+
	11a	COST SHARING	21,435			21,435
		REIMBURSEMENT				
	Ь					
	С					
	d	All other revenue				
	е	Total. Add lines 11a-11d				
	12	\$ 21,435 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d,	476,705	66,960		21,435
		8c,	,	25,230		
	J	9c, 10c, and 11e				

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) orgalists of the section 501(c)(3) and 501(c)(4) orgalists of the section 501(c)(4) organizations must complete column (A) but are not re				
	notinclude amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21			, , , , , , , , , , , , , , , , , , , ,	
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	176,572	155,384		5,297
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)				_
9	Other employee benefits	5,843	5,142	526	175
10	Payroll taxes	17,914	15,765	1,612	537
11	Fees for services (non-employees)				
а	Management				
b	Legal	15,358	13,515	1,382	461
С	Accounting	24,595	9,100	14,757	738
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	4,656	4,097	419	140
14	Information technology				
15	Royalties				
16	Occupancy	3,616	3,183	325	108
17	Travel	515	454	46	15
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	860	757	77	26
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,771	1,557	160	54
23 24	Insurance	609	536	55	18
24	grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	LOBBYING	58,499	58,499		
b	FUNDRAISING EXPENSES	16,768			16,768
c	COMMUNICATION EXPENSES	14,616	12,863	1,315	438
d	MISCELLANEOUS	10,737		10,737	
e	POSTAGE & DELIVERY	5,296	4,660	477	159
f	All other expenses	11,942	10,510	1,075	357
25	Total functional expenses. Add lines 1 through 24f	370,167	296,022	48,854	25,291
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Dart V	Balance	Shoot
Part X	Balance	Sheet

					(A) Beginning of year		(E	B) fyear
1:	1	Cash—non-interest-bearing			22,869	1	Liiu o	111,132
	2 Savings and temporary cash investments				,	2		
	3 Pledges and grants receivable, net					3		
- 1		Accounts receivable, net	•			4		
		Receivables from current and former officers, directors, trustees,	· ·	nlovees or		-		
		other related parties				5		
		Receivables from other disqualified persons (as defined under sec persons described in section $4958(c)(3)(B)$ Complete Part II of Sc				6		
:	7	Notes and loans receivable, net				7		992
	8	Inventories for sale or use				8		
واعد	9	Prepaid expenses and deferred charges				9		
Assets	10a							
A S		Land, buildings, and equipment cost basis	10a	18,991				
		Less accumulated depreciation Complete Part VI of Schedule D	10b	4,803	2,298	10c		14,188
:	11	Investments—publicly traded securities				11		
];		Investments—other securities See Part IV, line 11 Complete Part Schedule D	VII of			12		
:	13	Investments—program-related See Part IV, line 11 $\it Complete Part Of Schedule D$.			13			
		Intangible assets				14		
		Other assets See Part IV, line 11 Complete Part IX of Schedule						
		D				15		
:		Total assets. Add lines 1 through 15 (must equal line 34)			25,167	16		126,312
	17	Accounts payable and accrued expenses .				17		
	18	Grants payable			18			
		Deferred revenue				19		
	20	Tax-exempt bond liabilities				20		
ا≅ٍ	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities		Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ä		persons Complete Part II of Schedule L	•			22		
:	23	Secured mortgages and notes payable to unrelated third parties				23		
:	24	Unsecured notes and loans payable				24		
:	25	Other liabilities Complete Part X of Schedule D			11,801	25		6,408
:	26	Total liabilities. Add lines 17 through 25			11,801	26		6,408
آب		Organizations that follow SFAS 117, check here 🕨 🦵 and comple	te line	s 27				
월		through 29, and lines 33 and 34.						
Balance	27	Unrestricted net assets				27		
<u> </u>	28	Temporarily restricted net assets				28		
Fund	29	Permanently restricted net assets				29		
T.		Organizations that do not follow SFAS 117, check here ▶						
S 0.		Capital stock or trust principal, or current funds				30		
뀵ㅣ		Paid-in or capital surplus, or land, building or equipment fund				31		
ğ		Retained earnings, endowment, accumulated income, or other fund			13,366	32		119,904
اب		Total net assets or fund balances			13,366	33		119,904
z [Total liabilities and net assets/fund balances			25,167	34		126,312

Deat VI	Financial Ctataments and Banautics	_
Part XI	Financial Statements and Reporting	1

		1	
1	Accounting method used to prepare the Form 990 🔽 cash 🗌 accrual 🗍 other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	Νo
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
ь	If "Yes," did the organization undergo the required audit or audits?	3b	

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SCHEDULE D (Form 990)

Department of the Treasurv Internal Revenue

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No 1545-0047 Open to Public

Inspection

Service Name of the organization **Employer identification number** NATIONAL ASSOCIATION TO PROTECT CHILDREN INC 11-3666574 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ Yes **▽** No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

-\$

لالك	Organizations Maintaining Collectio	ns of Art, His	tori	<u>cal Treasur</u>	es, or Othe	r Similar Asse	ts (continued)
	Using the organization's accession and other records items (check all that apply)	s, check any of th	ne foll	owing that are	a significant us	se of its collection	
а	Public exhibition	d	Г	Loan or excha	ange programs		
b	Scholarly research	e	\sqcap	Other			
С	Preservation for future generations						
	Provide a description of the organization's collection Part XIV	s and explain hov	w the	/ further the or	ganızatıon's ex	empt purpose in	
	During the year, did the organization solicit or receiv assets to be sold to raise funds rather than to be ma						fes 「V No
	Part IV, line 9, or reported an amount o	jements. Com	plete	e if the organ		ered "Yes" to Fo	rm 990,
	Is the organization an agent, trustee, custodian or of included on Form 990, Part X?	ther intermediary	for c	ontributions or	other assets r	ot	res
b	If "Yes," explain why in Part XIV and complete the fo	ollowing table					
						A mou	nt
c	Beginning balance				1c		
d	Additions during the year				1d		
e	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on Form 990	, Part X, line 21?				Γ,	res
b	If "Yes," explain the arrangement in Part XIV						
Par	t V Endowment Funds. Complete if the or						
		rrent Year (b	Prior `	rear (c)Two	Years Back (d)	hree Years Back (e)	Four Years Back
1a	Beginning of year balance						
	Contributions						
	Investment earnings or losses						
d	Grants or scholarships						
e	Other expenditures for facilities and programs						
f	Administrative expenses						
' g	End of year balance						
_	Provide the estimated percentage of the year end ba	lance held ac					
	• • •	iance neid as					
	Board designated or quasi-endowment 🕨						
Ь	Permanent endowment 🕨						
	Term endowment ►						
	Are there endowment funds not in the possession of organization by	the organization	thata	re held and ad	ministered for	the 	Yes No
	(i) unrelated organizations					3a(i)	No No
	(ii) related organizations					3a(ii)	No
	If "Yes" to 3a(II), are the related organizations listed		ched	ule R?		3b	No
4	Describe in Part XIV the intended uses of the organi	zation's endowm	ent fu	nds			
Part	VI Investments—Land, Buildings, and	Equipment. S	ee F	orm 990, Par	t X, line 10.		
	Description of investment			a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
	and						
1 a L							
	Buildings						
b B	Buildings						
b B c L	· ·						
b B c L d E	easehold improvements				18,991	4,803	14,188

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1		1 . 6 1
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation year market value
Financial derivatives and other financial products			,
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation year market value
		Cost of end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, II	no 15		
(a) Descri			(b) Book value
	'		· · ·
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
PAYROLL TAXES PAYABLE	6,016		
CREDIT CARD PAYABLE	392		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	6,408		
	5,100	l	

Par	t XI Reconciliation of C	hange in Net Assets from Forr	<u>n 990 to Financial State</u>	ments	
1	Total revenue (Form 990, Part			1	
2	Total expenses (Form 990, Par	t IX, column (A), line 25)		2	
3	Excess or (deficit) for the year	Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) o	n investments		4	
5	Donated services and use of fa	cilities		5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lir	nes 4 - 8		9	
10	Excess or (deficit) for the year	per financial statements Combine lines	s 3 and 9	10	
Part		evenue per Audited Financial		ue per Return	
1	Total revenue, gains, and othe	r support per audited financial stateme	nts	1	
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12			
а	Net unrealized gains on invest	ments	. 2a		
b	Donated services and use of fa	acılıtıes	. 2b		
c	Recoveries of prior year grants	s	. 2c		
d	Other (Describe in Part XIV)		. 2d		
e	Add lines 2a through 2d .			. 2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.			. 3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1			
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIV)		4b		
c	Add lines 4a and 4b			. 4c	
5		d 4c. (This should equal Form 990, Par			
		xpenses per Audited Financia			
1		r audited financial statements		. 1	
2		it not on Form 990, Part IX, line 25	1 - 1		
а		acılıtıes			
b			2b		
с		, Part IX, line 25	2c		
d	Other (Describe in Part XIV)		. 2d	 <u> </u>	
e ~	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1 .			. 3	
4		0, Part IX, line 25, but not on line 1:	4-		
a L		uded on Form 990, Part VIII, line 7b		 	
b	Other (Describe in Part XIV) Add lines 4a and 4b		. 4b	4c	
с 5		nd 4c. (This should equal Form 990, Pa	rt I line 10 \	. 5	
	t XIV Supplemental Inf		nt 1, iiiie 16)	. 3	
Com	plete this part to provide the des	scriptions required for Part II, lines 3, 5, Part XII, lines 3, 5, Part XII, lines 2d and 4b, and Part XI		4, Part XIV, lines 1b and	2b,
	Ident if ier	Return Reference	Ехр	lanat ion	

Part XIV Supplemental In	Part XIV Supplemental Information(continued)					
Ident if ier	Return Reference	Explanation				
	-					
	-					
	ļ					

Schedule D (Form 990) 2008

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue

Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization NATIONAL ASSOCIATION TO PROTECT CHILDREN INC Employer identification number

11-3666574

ldentifier	Return Reference	Explanation
MATERIAL DIVERSION OF ASSETS	FORM 990, PAGE 6, PART VI, LINE 5	THE EO DISCOVERED SOME MISAPPROPRIATION OF FUNDS RELATED TO THE UNAUTHORIZED USE OF THE COMPANY CREDIT CARD BY A TEMPORARY EMPLOYEE IN DECEMBER 2008 THE EO WAS MADE WHOLE BY THE BANK THAT ISSUED THE CREDIT CARD IN JANUARY 2009
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	THE 990 IS EMAILED TO EXECUTIVE COMMITTEE MEMBERS FOR REVIEW AND APPROVAL PRIOR TO FILING ONCE APPROVED BY EXECUTIVE COMMITTEE IT IS EMAILED TO THE REMAINING BOARD MEMBERS
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	POTENTIAL CONFLICTS ARE IDENTIFIED BY VARIOUS PARTIES WHO MAY BE INVOLVED IN THE CONTROL PROCESS, INCLUDING THE BOARD AND MANAGEMENT UPON IDENTIFICATION, THE PROPOSED TRANSACTION IS EVALUATED AND TREATED IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	COMPARATIVE COMPENSATION DATA IS GATHERED FOR REVIEW BY BOARD MEMBERS REASONABLENESS OF COMPENSATION RELATIVE TO THE OFFICER'S PERFORMANCE, RESPONSIBILITIES, ETC IS DISCUSSED AMONG BOARD MEMBERS AND A DECISION IS MADE WITH RESPECT TO THE LEVEL OF TOTAL COMPENSATION TO BE PROVIDED TO THE OFFICERS
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	COMPARATIVE COMPENSATION DATA IS GATHERED AND REVIEWED BY THE BOARD MEMBERS BEFORE A DECISION IS MADE AS TO THE LEVEL OF TOTAL COMPENSATION TO BE PROVIDED TO THE OTHER OFFICERS AND KEY EMPLOYEES
STATES WHERE COPY OF RETURN IS FILED	FORM 990, PAGE 6, PART VI, LINE 17	MARYLAND, MAINE, MICHIGAN, MINNESOTA, MISSOURI, MISSISSIPPI, NORTH CAROLINA, NORTH DAKOTA, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, WASHINGTON, WISCONSIN, WEST VIRGINIA

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008

Department of the Treasury Internal Revenue Service Open to Public Inspection

Name of the organization NATIONAL ASSOCIATION TO PROTECT CHILDREN INC Part I Identification of Disregarded Entities (A) (B) (C) (D)					Employer identification number 11-3666574				
				11-36665/4					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income E	(E) End-of-year assets	(F) Direct controlling entity				
Part II Identification of Related Tax-Exempt Organizat	ions								
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code sectio	n Public charity statu: (if section 501(c)(3)	s Direct controlling) entity				
PROMISE TO PROTECT INC PROMISE TO PROTECT INC PO BOX 27451 KNOXVILLE, TN37927 74-3127927	CHARITABLE	TN	(C)	7	N/A				

(A) Name, address, and EIN of related organization		(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)		(F) Share of total income		(G) Share of end-of- year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	Gene	(J) General of managing partner?	
										Yes	No		Yes	No	
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust									
(A) Name, address, and EIN of related organization		(B) Primary activity		Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership			

Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	s No
During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gıft, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1 g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	5
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	\$
Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	\$
n Sharing of paid employees	1n	Yes	3
• Reimbursement paid to other organization for expenses	10		No
p Reimbursement paid by other organization for expenses	1 p	Yes	3
q O ther transfer of cash or property to other organization(s)	1 q		No
r Other transfer of cash or property from other organization(s)	1r		No

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	PROMISE TO PROTECT INC PROMISE TO PROTECT INC	P	21,435
(2)	PROMISE TO PROTECT INC PROMISE TO PROTECT INC	J	6,000
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1		r J
			Yes	No		Yes	No		Yes	No						
			•	•		•		Sabadula	D / Form							

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OMB No 1545-0172

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

Attachment

See separate instructions. Attach to your tax return. Sequence No 67 Name(s) shown on return Business or activity to which this form relates Identifying number NATIONAL ASSOCIATION TO PROTECT CHILDREN INC INDIRECT DEPRECIATION 11-3666574 Part I Election To Expense Certain Property Under Section 179 **Note:** If you have any listed property, complete Part V before you complete Part I. 250,000 **1** Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (c) Elected cost (a) Description of property only) 7 Listed property Enter the amount from line 29 8 **8** Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 **16** Other depreciation (including ACRS) 1,317 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 454 17 MACRS deductions for assets placed in service in tax years beginning before 2008 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property **c** 7-ye<u>ar pr</u>operty d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs h Residential rental 27 5 yrs ММ S/L property 27 5 yrs ΜМ S/L i Nonresidential real 39 yrs ММ S/L property ΜМ S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year S/L S/L **c** 40-year **Summary** (See instructions) Part IV 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 1,771 and on the appropriate lines of your return Partnerships and S corporations—see instr 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? _ 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e)

(d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44